

In the United States Patent and Trademark Office

Serial Number: 10/820,561)
Filing Date: 4/8/2004) Examiner: Armando
Rodriguez
Applicant: Tong Zhang)
Appn. Title: Single-Mode Operation and Frequency) GAU: 2828
Conversions for Solid-State Lasers)

Fax: 571-273-6500 (Attn: Refund Branch)

Fax via computer on 9/17/2010
Salt Lake City, UT 84115

To: PTO Refund Branch

Dear Sir or Madam:

PTO has double charged my petition fee of \$810.00 under 37 CFR §1.137(b).

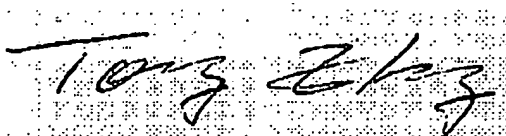
Please help me to refund \$810.00 to my credit card account and let me send my credit card record for your reference.

Tong Zhang, Applicant Pro Se

USPTO QPS 571-272-6500 VA
Transaction Date: 9/2/2010
Post Date: 9/3/2010
Transaction Amount: \$810.00
Reference Number: 0543684L6Q5X92TK1
Merchant Type: Government Services not elsewhere classified

USPTO QPS 571-272-6500 VA
Transaction Date: 9/8/2010
Post Date: 9/9/2010
Transaction Amount: \$810.00
Reference Number: 0543684LQQDNW6BE3
Merchant Type: Government Services not elsewhere classified

Adjustment date: 10/06/2010 CKHLOH
09/08/2010 JADD01 00000051 10820561
FC:2453 -810.00 OP



Refund Ref: 10/06/2010 0030089307

Credit Card Refund Total: \$810.00

F A X

To: PTO Refund Branch
Fax number: 11808001571-273-6500

From: Tong Zhang
Fax number:
Business phone:
Home phone:

Date & Time: 9/17/2010 6:52:54 PM
Pages: 2
Re: Ask for refund

To: PTO Refund Branch

Ask for refund of the petition fee under under 37 CFR §1.137(b)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>10-4-10</u>		2 Serial/Patent # <u>10/820561</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition		9-7-10	\$ 810.00
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
7 TOTAL AMOUNT OF REFUND			\$ 810.00	
8 TO BE REFUNDED BY: <u>CC</u>				
Treasury Check				
Credit Deposit A/C #:				
9			<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> </div>	
10 REASON:				
	Overpayment			
<input checked="" type="checkbox"/>	Duplicate Payment			
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u>/Karen Creasy/</u>		PHONE: <u>2-3208</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>10/6/10</u>		

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